PTO/SB/80 (11-08)
Approved for use through 11/30/2011. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).											
I hereby appoint:											
x	Practitioners associated with the Custon OR			omer Number:		72960					
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):											
	Name		Registration Number		Name				Registration Number		
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned <a href="mailto:only">only</a> to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).											
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:											
The address associated with Customer Number: 72960											
OR .											
	Firm or Individual Name										
Address											
City				State			Zip				
Country				Telephone			Email			· · · · · · · · · · · · · · · · · · ·	
Assignee Name and Address: EXACT Sciences Corporation 100 Campus Drive Marlborough, MA 01752											
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.											
SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee											
Sig	Signature Manual kan				Date 7/21/09			1			
Na	me	Mane	esh Arora			Telephon	e		508-68	3-1200	
Tit	le	Chief	Financial Officer								